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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THIRTEEN CASES OF STERILITY AND  
DYSMENORRHOEA, CAUSED BY AB-  
NORMALITIES OF THE UTERUS,  
TREATED BY BILATERAL INCISION  
OF THE CERVIX UTERI.

COMMUNICATED BY ROMAINE J. CURTISS, MD.,

Of Joliet, Illinois.

CASE 1.—Mrs. O., native of and residing at Evans, N. Y.; age, thirty-one years; married eight years, and sterile; she menstruated at fifteen. During the last five years has been failing in health; menses have been irregular and very painful; she is anæmic, emaciated, and has a cough, and is under the care of a physician, whose diagnosis of her troubles is consumption, and who predicts that she will die when the leaves start, in the coming spring. She consulted me on account of her dysmenorrhœa, which has troubled her since her married life began. On examination I find the uterus retroflexed, the cervix conoidal, and the os so small as to be scarcely discernible. The uterus was replaced by the sound, and Hodge's pessary applied. Dilatation of the cervical canal was attempted by sponge-tents, without much effect, or relief to the dysmenorrhœa. Three months after my first examination I made bilateral section of the cervix, afterward applying Scattergood's pessary. The painful menstruation never troubled her again. She became pregnant within six months, and

while wearing the pessary, greatly to the surprise, and somewhat to the regret of herself and husband. She was delivered at full term, of a healthy boy, and has since had a daughter. She is a healthy woman, and weighs nearly two hundred pounds.

CASE 2.—Mrs. F., native of and residing at Brant, N. Y.; age thirty years; menstruated at fourteen; married twelve years, and sterile. Her husband had been absent three years of this time, soldiering. She had suffered much during her married life, from dysmenorrhœa, and also from nervous mimicry of "liver complaint," and its radical treatment, having been several times salivated. Her lady friends and physician agreed in the opinion that pregnancy would make a healthy woman of her, and I was consulted on account of her sterility. I found that she was subject to violent attacks of sick headache, had dyspepsia, and more or less constant lumbar and pelvic neuralgia. On examination of the uterus I found a conoidal cervix, with a moderate degree of retroflexion, and some endo-cervical inflammation; the canal was filled with a plug of mucus. She was treated locally, with chromic acid, for three months, with some amelioration of local pains and distress, and improvement of her general health. Not becoming pregnant, however, six months afterward section of the cervix was made. In sixteen months from the date of operation she was delivered of a boy. She has since had two children. This lady's change in physique, after the operation and consequent relief of the dysmenorrhœa, was remarkable; her sick headaches, "liver complaint," and pelvic neuralgia, entirely disappeared, and

she gained fifty pounds in weight before pregnancy occurred. At the birth of her first child she suffered laceration of the perineum, which was promptly relieved by operation.

CASE 3.—Mrs. B., native of Evans, N. Y.; age thirty-nine years; married fifteen years, and sterile. Five years after her marriage her hymen, which had remained intact, was removed by Prof. Jas. P. White, of Buffalo. Complete sexual intercourse, up to this time, had, of course, never occurred. The removal of the hymen was, however, not followed by pregnancy. This patient, when a child, had "choreic insanity," and was treated by various physicians for "spinal complaint." Her cure of spinal complaint was attributed to the use of patent "golden pills and plasters," and occurred simultaneously with the appearance of the catamenia, in her sixteenth year. Her menstruation had always been painful, and accompanied by hysterical symptoms. The os tincæ presented the appearance usually found in the conoidal cervix, and was enlarged by the knife. Unfortunately, her husband soon after died, from tubercle, and the only result of the operation was the cessation of the pain of menstruation, and improvement of general health.

CASE 4.—Mrs. B., of Collins, New York, had the following clinical history: Age thirty-eight years; menstruated at fourteen, married at nineteen, has one child, a daughter, fifteen years old. She has not been pregnant, but has been an invalid since the birth of this child, from uterine disease. She has dysmenorrhœa, associated with persistent vomiting, probably from nervous mimicry of gastritis. She is under the care of the family physician, whose latest diagnosis is pregnancy; I suppose a deduction he formed from the fact of her vomiting. Another physician, combining the graces of eclecticism in treatment and the supernatural gift of clairvoyance in diagnosis, has also been consulted, and has given the opinion that the patient has a uterine fibroid tumor, as large as his head. I was called to visit her at night, during one of her fits of vomiting, and at once made an examination of the uterus. I found no pregnancy or fibroid, but the condition of endo-cervicitis. The nitrate of silver crayon was applied to the cervical cavity thoroughly, and had the effect of controlling the vomiting. She was treated by local applications of silver to the uterus for six months, at which time the inflammation was apparently cured. The silver treatment, how-

ever, caused contraction of the cervical canal, and as time passed, her dysmenorrhœa gradually returned, as well as her other symptoms of ill health. All parties interested hoped for pregnancy, which did not follow, and in a little more than a year from the time I first saw her, I made an incision of the cervix. On the tenth day after the operation the patient got out of bed, and walked across a wet floor in her stockings, the result of which was an attack of metro-peritonitis, associated with vomiting. For the next five months we despaired of her life. She was not like the dying humorist, who wanted his obituary to contain the sentiment that he was the sickest man who ever died; but I thought she was the sickest woman that ever escaped death. Her vomiting was persistent, in spite of any medicines or appliances, for four months, and during this time she was nourished by nutrient enemata, consisting of cod-liver oil and animal broths, quinia, etc. During the third month of this illness she became paraplegic. At the end of four months she began to retain food upon the stomach, and gradually recovered. The paralysis was treated by hypodermic injections of strychnia and galvanism. It was eight months from the outset of the peritonitis before she could walk alone. She has made a complete recovery, is regular, with painless catamenia, and no spells of vomiting. Nearly three years have elapsed, and, I am sorry to say, she has not yet become pregnant. Prof. James P. White, M. D., of Buffalo, made the patient a visit while she was paraplegic, with me, and the patient and I were under obligations to him for his valuable suggestions regarding the treatment.

CASE 5.—Mrs. P., living in North Buffalo, native of England; menstruated at sixteen; married ten years and sterile; is twenty-eight years of age. I was consulted on account of her sterility. I believed the cause to be the long-pointed cervix, projecting one and a half inches into the vaginal cavity, with a small round os tincæ. The cervix was incised, and in a year's time she was delivered of a girl; she has since had other children.

CASE 6.—Residing at Silver Creek, N. Y.; age twenty-seven; menstruated at thirteen; married eight years, and sterile. The cervix was long and conoidal, like the previous case. She had moderate dysmenorrhœa. The cervix was incised. She became pregnant two years afterward, and miscarried at the third month.

She afterward was delivered of a child at full term.

CASE 7.—Mrs. M.; English woman; resident of Evans, N. Y.; a farmer's wife; age thirty-seven; menstruated at fifteen; married fifteen years, and is sterile. She has moderate dysmenorrhœa, but is a healthy woman, working out doors on the farm, as well as doing housework. She consulted me on account of sterility. The uterus was in proper position; the cervix was conoidal and elongated. The cervix was duly incised, but owing to careless attention afterward united again. Three years afterward the operation was repeated, this time successfully, and she became pregnant, but miscarried at six months, owing to severe out-door work. She has not been pregnant since, to my knowledge.

CASE 8.—Miss M., milliner, age twenty-six years, native of Evans, N. Y.; consulted me on account of dysmenorrhœa. She menstruated at fifteen, and since the age of twenty has had painful menstruation. Her periods were a terror to her, and she was bed-ridden half the time, from the nervous irritation consequent upon the dysmenorrhœa and pelvic distress, with an insupportable feeling of weight in pelvis when standing. On examination I found the uterus retroflexed, the cervix long and conoidal, the os tinæ small, and a contracted cervical canal. Prof. James P. White, M. D., was called to visit the patient in counsel with me, and advised and performed the operation of section of the cervix. No pessary was afterward applied, and owing to insufficient attention after the operation, and to the fact that the os internum was incised, the incision again united, leaving the uterus retroflexed, and a tortuous, cicatrized cervical canal, that was nearly impervious to a probe, or the menses. For the next two years this patient was bed-ridden; the menstrual molimen was attended, at each effort, with pains like, and nearly equal to, parturition, sometimes lasting three days before the appearance of the menstrual flow. She required the use of the catheter twice daily, nearly all of the time, for two years, and the irritation of the uterine disorder upon the nervous centres produced, in time, a nervous imitation of nearly every known disease of various organs. She was visited by many quacks, who all agreed in condemning the operation made by Prof. White. At the end of her first year's rest in bed the uterus assumed its natural position. About

this time Prof. J. F. Miner, M. D., of Buffalo, was called to visit her with me. Dr. Miner attempted to enlarge the cervical canal with a urethrotome. The result was of no benefit, and another year passed before she would consent to any further use of the knife. During this time dilators of various patterns, and sponge tents, were assiduously used, with but little benefit. At the end of two years from date of first operation, in the presence of Prof. White, I made another section of the cervix. Her next menstruation was painless. The result of this operation could not have been better. A large patulous os, and free cervical canal were formed, and the patient regained her general health, and has never had any more local trouble.

CASE 9. Miss W. Westfield, New York; age twenty-five; menstruated at fifteen. She has been for a year under the care of Dr. Brown, of Westfield, an accomplished physician, for uterine disease and dysmenorrhœa. She practices hysterical deception ingeniously, and in various ways. She has nervous imitation of heart disease, and contributes to the physical signs thereof by producing a succussion sound of gas in the bowels, by means of the voluntary contraction of abdominal muscles, which sound, she tells her friends, is produced by the water around her heart. Being educated by her physician, to a certain extent, on the pathology of dysmenorrhœa and its causes, and having an understanding that *membranous dysmenorrhœa* is the worst form of said disease, she began to pass and produce membrane at each menstrual epoch, the quantity increasing at each effort, until this form of the disorder terminated, at one of her menstrual periods, in the birth of the greater part of a beef's peritoneum, which she exhibited to the expectant doctor, who preserved the specimen. I was consulted on account of her painful menstruation, and suggested, as the cervix was long and conoidal, its incision. The operation was performed in presence of Dr. Brown; the dysmenorrhœa was relieved thereby, and her general health gradually restored.

CASE 10. Mrs. Bohemian, living at Racine, Wis.; age thirty-eight; married fifteen years, and sterile. She is under the care of Dr. A. H. Hoy, who is treating her for dysmenorrhœa by sponge tents, to dilate the contracted cervical canal. This treatment has not had the desired effect, and while I was making him a social

visit, he requested me to make section of the cervix. The operation was performed, as I thought the case required it, the cervix being elongated and conoidal. The patient's next menstruation was painless, and she was taken with a laudable fit to wash and be clean, and went to "cleaning house" during her menstruation, in her bare feet. The consequence was an attack of metro-peritonitis, from which she recovered by a chance, but the benefit of the operation was small indeed.

CASE 11. Miss J., of Evans, N. Y.; age twenty-four; was choreic when a child; has an insane heredity, and has had dysmenorrhœa, violent in character, for several years. She would not at first consent to an examination per vaginam; said she preferred to die. She took cod liver oil, strychnia, and phosphorus, for three months, with good effect; but in a year all symptoms returning, and the dysmenorrhœa having continued, and admitted as the cause of her nervous derangements, she consented to have her conoidal cervix incised, and became a healthy woman.

CASE 12. Mrs. M., native of Cattaraugus county, N. Y.; age thirty-six years; twice married, and sterile. She has had violent dysmenorrhœa since her eighteenth year. She was brought to me by her father, a practicing physician, for examination. Her cervix uteri was found long and conoidal, the uterus partially retroflexed, the cervical canal crooked, and I could not pass any sized probe or sound into the uterine cavity. It was decided to incise the cervix, which was done, and her next menstruation was the most painless she had ever experienced. She left immediately, however, to live in Albany, before I had finished her treatment. I have since heard that she became pregnant.

CASE 13. Miss B., residing on Cattaraugus Reservation, New York; native American; Seneca tribe; age twenty-two. She has been a bed-ridden invalid over two years, from painful menstruation. She was subject to hysterical convulsions, which were supposed to be the cause of the dysmenorrhœa. The condition of the uterus was retroflexion, and a conoidal cervix, which was incised. At the time of the operation she was an emaciated, pitiable object; her lower extremities were flexed upon the abdomen, and there was a large bed sore over the sacrum. The distress of the nervous system being relieved by the easy menstruation,

she rapidly recovered. I saw her three years afterward. She was then a large fat squaw, carrying a pappoose, and said she was duly and truly married.

These cases of sterility and dysmenorrhœa occurred in my practice during the eight years of my residence in Erie County, New York. The abnormalities of the uterus giving rise to sterility or dysmenorrhœa, or to both, in the married cases, for which incision of the cervix was made, were, a conoidal cervix, a contracted and tortuous cervical canal, and retroflexion of the uterus. There was no marked congestive or inflammatory affection of any pelvic organ, and the cause of the sterility and dysmenorrhœa I supposed to be mechanical, resulting from the abnormal structure or position of the uterus, and hence the surgical interference of incision of the cervix, to enlarge the cervical canal, and to create a wide, patulous os tincæ, was employed with benefit to all, and entire relief to most of them. In the treatment of sterility and dysmenorrhœa, I always have limited the incision of the cervix to such abnormal conditions of the uterus as I have described, and these cases illustrate one form of these diseases, their causes, and their evident proper treatment. The operation of incision of the cervix in these cases was made on the fifth day after cessation of the menses, and in the manner described as follows:—The cervix is exposed by Sims' speculum, and brought into convenient position by a hook. It is then incised bilaterally, the cut being made from the cervical canal outward, from the os internum to within a few lines of the junction of the wall of the vagina with the uterus. The enlarged cervical canal, thus made, is then packed with pledgets of lint, saturated with carbolized glycerine. No styptics are used, especially no persulphate of iron. A large pledget of cotton-wool is then saturated with glycerine and opium, and applied over the os, in the vagina, to hold the dressings in position. Any hemorrhage is controlled by the tampon.

On the fourth day the dressing is removed and reapplied, and continued every alternate day until the next menstruation, when it is removed. After cessation of the menses the same dressing, alternated with sponge or sea tangle tents, is used, until a free open cervical canal is secured, with a patulous os tincæ. The operation is comparatively painless, and an anæsthetic is not required.



## HOSPITAL REPORTS.

## HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. JOHN NEILL, M. D.

REPORTED BY DE F. WILLARD, M.D.

## Gonorrhœa.

GENTLEMEN:—The first case which I bring before you this morning presents a train of symptoms which are unmistakable. The patient is a man, of the indiscreet age of nineteen; robust and healthy; but as I address to him a few questions, his reluctant answers develop the fact that he has had a discharge from his urethra for more than a week; that it was preceded by heat and pain in the part; that urination is now difficult, and is accompanied by straining; that he has chordee at night, and that this running commenced some four or five days after contact with an impure woman. There would certainly be no doubt in your minds in regard to the nature of his complaint, even although you were not medical gentlemen, for the popular knowledge of this disease is, unfortunately, too wide-spread already. The English term, clap, is familiar to many ears, while gonorrhœa has been so long used to express this condition, that, however faulty its designation may be in a scientific point of view, yet all of us understand its meaning. Certain it is that there is no flow of *γόνυ*, sperm, but blennorrhœa (*Blénna*, mucus) is equally erroneous, while "chaude-pisse" is only expressive of a minor symptom; consequently, until a better name is proposed, we will retain the old one.

The disease is not a recent innovation; it is as old as scripture times, and the directions there given in regard to "him that hath a running issue out of his flesh," are undoubtedly intended to prevent the spread of this affection.

The case before us, then, naturally brings us to the important subject of venereal disease, as it is called; but as soon as we enter upon the discussion, we shall find that authorities differ in regard to what diseases shall be classed under this head. There are the truly venereal affections, as syphilis, in its primary, secondary and tertiary forms; and there is the malady under consideration, which certainly is not syphilitic. It is, however, a specific disease, and arises solely from a specific cause. It is not a simple urethritis, such as would be occasioned by the presence of a foreign body, the use of turpentine, or the injury of a blow. These causes may produce a urethritis, but never a gonorrhœa. The pus from the non-specific form differs in no wise from ordinary healthy pus, and will not produce an inflammation when applied to another mucous membrane; but let one single corpuscle of gonorrhœal pus be placed upon the conjunctiva, for instance, and what will be the result? An inflammation so severe and rapid as to en-

danger, if not destroy the sight in a few hours. A purulent ophthalmia will not do this.

There is, then, a gonorrhœal germ, which is individual and distinct, and which arises only from a similar previously existing germ. It does not grow out of any other purulent formation; it is not a development, but is a germ sui generis. There is no gliding of a simple urethritis into a specific one. For its propagation from one individual to another, actual contact is necessary—all stories to the contrary notwithstanding. Those who profess to have contracted it in any other way, are always those whose respectability would be injured by the truth, and whose countenances show deceit; those who confess the truth never find that it came unawares upon them.

The case before us admits of no doubt; the history is clear; and as I expose the part, you see the profuse greenish-yellow discharge which bathes the red and swollen glans and tumid prepuce. Along the whole course of the urethra there is a sensation of induration, and slight pressure gives pain. The testicles are not sensitive, and are of normal size.

The first seat of this disease is in the superficial layer of the mucous membrane at the fossa navicularis. The orifices of the follicles and the lacunæ soon become involved, while in due time the inflammation traverses the canal backward, usually, at least, as far as the so-called bulbous portion. By this time, the discharge, which was at first thin, and just sufficient to moisten the meatus, has become mucopurulent, or purulent, as you see in the case before you.

Now when will this inflammation reach its height? It has already, perhaps, done so, and in a few days, if it is an uncomplicated case, we may anticipate the stage of decline. The inflammatory symptoms will subside, the discharge lessen, ardor urinae and tenderness disappear; but unassisted a complete cure would not be probable; in many cases a chronic condition, known as gleet, being the result. There are various forms and complications of gonorrhœa, of which we have not time to treat this morning, but will reserve them for clinical illustration. In the female the disease is altogether a different one, and is easily managed, provided you have control of the patient.

Balanitis, spasm of the bladder, hemorrhage from the urethra, abscesses, orchitis, and epididymitis, are not at all infrequent, and are troublesome complications.

Bubo is rare, but may occur in debilitated constitutions, even when there is no suspicion of even a "chancre larvé;" but suppuration is even then the exception.

Phimosis is quite common, from swelling and œdema, but cold local applications are ordinarily sufficient to prevent undue compression of the glans.

In regard to ophthalmia, as I have already indicated, a single corpuscle of gonorrhœal pus upon the conjunctiva is sufficient to procure a most intense form of inflammation. Every

patient, therefore, should be cautioned to observe the strictest cleanliness in regard to his hands, and to avoid putting them to his eyes under any circumstances.

But in regard to the patient before us. Shall we treat him with all the nauseous and stimulating diuretics which have been so long in vogue? By no means! and if we learn nothing else this morning, let me fix it upon your minds, that "the regulation cubebs and copaiba" are not only, as a rule, useless, but actually harmful. I am willing to affirm that one-half the people who take balsam of copaiba are injured by it, and since the introduction of capsules the drug is still more liable to abuse than before.

You may often diagnose, from the peculiar gait of a young man, his leaning forward, his pale face, and his careful stepping, that he is taking balsam to excess. Were you to examine him you would find a painful bladder, a sensitive urethra, and a debilitated man.

When long continued, a form of cystitis is produced, while gleet, stricture, etc., are common results of its use. Is there, then, no rational method of cure. There is, and we will put this man upon it. He needs, not stimulating diuretics, but salines, and I shall at once order

R.	Potass. bitart,	℥iv	
	Potass nitrat,	℥iij	
	Antim. et potass tart,	gr. j.	M.
Ft. chart No. xij.			

Sig.—One powder, in water, three times a day.

This should be continued until the urine is rendered thoroughly alkaline and unirritating. This will occur in the course of a few days, and I assure you that all of you will be satisfied with the results. There may be chronic cases of the disease of the mucous membrane, especially of the lungs, in which copaiba is advantageous, but an acute case of gonorrhœa should never be treated with it.

In addition to the internal treatment above mentioned, cold local bathing, slight purgation (if the saline does not accomplish it), moderate diet, entire abstinence from all forms of stimulating drinks or condiments, and the observance of quietude, will greatly hasten a cure. A dose of oil or a bottle of citrate of magnesia, is usually all the medicine that is required.

In regard to injections, do not be in too great haste to commence with them, as, in the hot purulent stages of the first few days, they are positively injurious. The "abortive treatment" of Ricord, as it is called, is only productive of harm, and many cases of strictures have their commencement in an "aborted" gonorrhœa. Strong injections must never be used; one grain to the ounce is enough; frequently I use less. I usually commence with a solution of zinc sulph., gr. ss to the ounce of rose water, about the fourth or fifth day, when the acute inflammatory symptoms are beginning to subside. The strength may be increased upon each successive day, until the grain is reached. Un-

fortunately, all these astringent washes seem to lose their effect after a short period of use, and a change becomes necessary. You may then have resort to cupri. sulph., arg. nit., zinci. chlor., using them in the order enumerated, and in strength as above. In ten days the discharge will materially diminish, and in a week more the patient will be well. Of course the immediate resumption of wine and women will produce a relapse, as also undue exercise—base ball, any excess, in fact; but what I mean to say is that he is practically well, and only needs hygienic cautions to remain so.

This treatment, I am sure, you will find satisfactory in a large number of cases, and in ninety-five cases out of a hundred you will see that the red and swollen glans, the oedematous prepuce, and the yellowish-green discharge have almost entirely disappeared at the expiration of the tenth day.

You cannot cure gonorrhœa in less time than this, and at the very first visit it is proper to inform the patient that you do not expect him to be well in less than three weeks. Your prognosis will then prove correct, and he will have confidence in your word. Suppose, however, that you dose your patient with copaiba or cubebs, and denude his urethra with strong injections. What will be the result. A sore and chronically inflamed membrane, inflammatory deposits, continuous discharge, and a generally pathological condition of the urinary tract, a gleet or chronic gonorrhœa, and quite probably stricture. What would be the symptoms to mark such a condition externally?

I have here another case. Look at his penis. You see nothing, neither redness nor discharge, yet he says that he has had a running for eighteen months. It is not abundant; just sufficient to moisten the meatus—a pin-head gleet—yet it is enough to render copulation dangerous to the approached party, and he complains that excess of any kind gives him pain in the urethra and perineum, and difficult micturition. This will be the history of a large majority of the cases which come under your care; now, they are better, now worse; they have tried every variety of treatment, every school of practice; have wasted their money with charlatans, and have, perhaps, even visited Europe, and consulted eminent specialists. This would seem disheartening to both patient and surgeon, if there were no true basis of relief. The clue to the diagnosis of the pathology of this condition lies in the fact that every gleet indicates a commencing stricture. I make the statement, without reserve, that all non-traumatic strictures commence in gleet, as I feel that clinical experience will justify the assertion. To cure this man's gleet, then, we must first cure the stricture, a procedure which is not difficult if taken in time. Here lies the secret of prevention of gleet. Never dismiss a case of gonorrhœa from your care until you have ascertained the exact condition of his urethra, and are certain that its calibre is not being encroached upon by

inflammatory deposits. The proper treatment of gleet consists in the prevention of stricture. How shall we ascertain the truth. I take a metallic bougie, No. 18, French scale; pass it down his urethra; it slips easily in until the bulbous portion is passed; now, just at the beginning of the membranous, it is arrested. I use no force, and yet I keep up persistent pressure, and in a moment the obstacle yields, and the instrument is in the bladder.

This confirms the diagnosis, and our treatment consists in the passage of these metallic bougies every other day, gradually increasing their size until a No. 30 will enter with ease.

Now if this urethra were laid open, what would we see? Slight redness of the mucous membrane, effusion into and thickening of the submucous connective tissue, an effusion which was at first soft, plastic lymph, now it has become hard, dense, unyielding, and in a few months more it will be almost impossible to dilate it with any ease. Such a condition means impaired health, great suffering, and spirits so depressed, that the patient sometimes becomes very morbid, and imagines himself the victim of a thousand ills. It is your province to reassure him. Now this man needs no treatment save the bougies, and we may confidently predict a cure.

(The patient returned for treatment upon alternate days, and in two weeks was well. DE F. W.)

## MEDICAL SOCIETIES.

### MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA—TWENTY-SIXTH ANNUAL SESSION.

#### ABSTRACT OF REPORT ON HYGIENE.

BY BENJAMIN LEE, A.M., M.D.,  
Of Philadelphia.

In inaugurating what I understand from the resolution adopted by the Society at its last meeting to be a continuous series of annual reports on the subject of hygiene, I may be pardoned for indulging in a few prefatory remarks as to the attractiveness, importance and magnitude of the field which it embraces.

Hygieia, the "sweet, smiling goddess of health," was one of the fairest conceptions of an age which combined, in an exceptional degree, poetry of thought with clearness of judgment, owing, perhaps, to the very fact that it appreciated so much more thoroughly than any other (unless it may have been the Mosaic), the absolute necessity of corporeal sanity to the existence of mental sanity, and was, therefore, not ashamed of this human form, which the Creator himself, having moulded after his own likeness, contemplated with unmixed admiration, and pronounced superlatively "good." This age of poets, sages and artists lavished all its wonderful powers of creative genius in giving expression to its ideal of that divinity whose

special care should be the bestowment and maintenance of physical health. The embodiment must needs be feminine, because the mother, the nurse, the wife, have for their special function that daily ministry to the bodily welfare and necessities of offspring and of husband, that constant presence in and care of the home, which are the two essentials of health, in the family and in the individual. She must needs be youthful, as presenting ever to the mind of the entranced beholder that period of life when a blood unvitiated by vice or excess courses through a frame unmarred by violence or exposure, and colors a cheek unstained by sin. Purity must look forth from her eyes, and truth sit enthroned on her brow; for unbridled passion and soul-torturing deceit are equally inimical to the perfect preservation of health. Her form must be lithe, vigorous and well nourished, but not redundant, as showing her adorers that neither asceticism, on the one hand, nor gluttony and voluptuousness on the other, are allowed in her worship, encouraging activity as contrasted with indolence. Cheerfulness must radiate from her every feature, since gloom and despondency are the recognized foes of sanity, whether of body or mind; and over all, pervading expression of face and pose of limb, must be that indescribable charm of gentleness, as teaching her votaries that in the mutual interchange of kindly sentiment and act they should greatly promote the common health and common weal. And so has the lovely inspiration come down to us, immortalized by the sculptor's art, a joyous maiden, full of tender grace, robed in chaste and flowing vestment.

Let us consider for a moment the scope of her worship. The term "preservation of health," implies the term "prevention of disease." Strictly speaking, we might say that there is but one disease which is, in its essence, not preventable, *old age*. But there are many diseases of which we can conceive the possibility of prevention, of whose prophylaxis we are yet profoundly ignorant. Hence the distinction, practically a most useful one, into preventable and non-preventable diseases. We see reasonable ground to hope that the ratio of the former to the latter will constantly increase with the additions to our acquaintance with their causes which modern methods of research are constantly making. At present, preventable disease, otherwise called *zymotic* disease (as indicating its probable origin in the introduction into the system of particles from without, which produce a *zymosis* or fermentation in the fluid constituents of the body), such disease, I say, under the various forms of fevers, diarrhoea, scarlatina, small-pox, whooping cough, cholera, measles, and diphtheria, is credited with producing in thirteen of the large towns of the United Kingdom of Great Britain, nearly one-fifth of the entire number of deaths.\* During the past five years, five of these diseases,

\* Lecture on "Zymotic and Preventable Disease," by Dr. Thomas W. Grimshaw, delivered before the Royal Dublin Society, 1873.



fever, scarlatina, diarrhoea, whooping cough, and small-pox (mentioned in the order of their destructiveness), have swept off, in Ireland alone, 59,478 persons, about 12,000 per year; while an abstract of deaths returned from the principal zymoties in Dublin during the first nine years of the working of the Births and Deaths Registration Act, of 1864, assigns 14,069 to these causes, or 1539 per annum. The report of the Committee on Meteorology and Epidemics, of the Philadelphia County Medical Society, for 1873, which appeared in the Transactions of this society last year, states the number of deaths from such causes to have been, approximately, 1550, or 11.25 per cent. of the total mortality. The report of the same committee for the past year shows the mortality from like causes to have been about 1500. And this during a year when the city was confessedly and boastfully free from epidemic disease. Typhoid fever, the most preventable of all diseases, except small-pox, strikes down its daily victim or victims, in that city, with unerring certainty, year in and year out. Certainly the science of hygiene requires no apology for its existence, in the light of such figures as these. Let experience testify what it can accomplish.

Two hundred years ago, London had a population of about half a million. At that time forty-two out of every thousand of her citizens died every year. To-day, with a population of three and a half millions, only twenty-one out of every thousand die annually; exactly one half, as you notice, of the former rate. To sanitary legislation, judiciously conceived and faithfully carried out, is by far the greater part of the credit for this immense saving of human life due.

If we glance at the mortuary statistics of the next largest city of the civilized world, we see no less ground for encouragement in the reduction of the death-rate of Paris, in the short space of thirty-one years, from 1841 to 1872, a period within the memory of most of us here present, from twenty-eight to the thousand to twenty-one to the thousand. With such convincing results staring them in the face, can anything more be needed to arouse our legislators, state and municipal, to a sense of the urgent importance of this question and of their duties under the premises! Yes, unfortunately, I blush to say it, for it is the shame, not of our legislators only, but of our people, of whom are the legislators, one thing more is needed—to show them that this matter has a financial aspect. It must be brought home, not only to their hearts and their hearth-stones, but to their tills and their burglar-proofs. They must be taught that a human life has an actual cash value, as certainly as that of a horse or a cow, and that when, by neglect of well ascertained precautions they waste human life, they are squandering untold millions of substantial wealth as well. I have gathered data on which I hope to base, and at some future time present, an argument on this point in reference to one particular disease. The field has been already

entered upon by others, with rich results. Dr. W. E. Boardman, of Boston, in an article in the Sixth Annual Report of the Board of Health, of the State of Massachusetts, for the year 1874, a volume of the greatest scientific and practical worth, entitled "The Value of Health to the State," arrives at the following startling result: Considering the working people alone of that commonwealth, he concludes that the loss to the State, by their sickness only, amounts, in the course of a year, at the lowest calculation, to \$15,267,322.00. This, of course, is not, all of it, preventable sickness. But if we should estimate the preventable sickness at one-fifth, for which, as we have seen, we have authority, we should have a loss of over \$3,000,000, for this class alone. The two grand postulates are then sufficiently established. The necessity for sanitary legislation, both in a humanitarian and a financial aspect, and the value or efficiency of sanitary legislation thoroughly administered.

In glancing back at the sanitary history of the past year, not the least noticeable of the events which we are called upon to record is the meeting of the American Public Health Association, in Philadelphia, in the month of November, 1874.

One of the most important of their utterances was the protest then made against the establishment of an immense slaughter house, euphemistically entitled an *abattoir* (by any other name it would doubtless smell as sweet), directly in the centre of the city of Philadelphia—itself the greatest insanitary event of the year. It was a gratifying indication of an awakened public sentiment on such questions, to observe the vigorous opposition which this proposal called forth in all classes, the Board of Health and our own profession taking the initiative. The Philadelphia County Medical Society and other medical bodies and charitable institutions entered their protests against it, in no uncertain language. A committee of citizens went to work with most praiseworthy zeal, industry and ability, to gather testimony upon the subject (among which was a most valuable opinion by Dr. J. H. Rauch, the eminent sanitarian of Chicago), and sent a number of its own members, including experts, to examine critically a similar establishment in New York. Their investigations resulted in such a thorough conviction of the enormity of the proposed evil, that they obtained an injunction against it, which, however, was set aside by the court, on apparently technical grounds. But let us hope that, as I once happened to hear a young lady remark who had been knocked down by a burglar, "It was all ordered." Good may yet result from the carrying out of this monstrous project.

We are told by Dr. Charles M. Cresson, in a recent report to the Chief Engineer of the Water Department of Philadelphia, that the slaughter houses in which to-day not less than twenty-five per cent. of the whole number of animals needed for our



market are killed, pour their refuse and garbage directly into the pool of Fairmount dam, from which the drinking water of nearly nine-tenths of the population of this great city is directly drawn. Now this great new slaughter house will be situated below the dam, and if, as is confidently asserted by the able man who has planned it, will be the case, it completely absorbs all the lesser slaughter houses, it will, at least, save our water from this source of contamination, although it may poison our air. That it will do the latter to such an extent as to be offensive and a palpable nuisance, I confidently expect; it will then be removed to a more fitting situation, further down the river, and the lesser pest-holes, once eradicated, will never again come into being.

This is the silver lining to this threatening cloud. The documents published by the committee of criticism in this connection form an interesting and valuable addition to the literature of the subject, containing, as they do, a large amount of expert and other testimony.

But we shall protect the purity of our external air from vitiation to little purpose, if we do not also secure its free admission into our houses, and provide means for its escape as soon as it becomes unfit for use.

In order to ensure this result in houses heated by warm air flues, a very ingenious device has been brought forward by a well known citizen of Germantown, Mr. George R. Barker, which has so far met the approval of scientific men in Philadelphia, that it has been introduced into all the new buildings of the University, a practical endorsement which makes anything beyond a simple demonstration of its design quite unnecessary at this time. (The apparatus was then explained by means of a diagram).

The value of salicylic acid as an arrester of putrefactive and fermentative changes was then alluded to, and its use as a disinfectant in the sick room suggested, with formulæ for its preparation for this purpose.

In regard to the question of the purity of food, the subject which is now most prominently before the professional mind is the capacity possessed by that most essential article of diet, milk, for the absorption, multiplication and conveyance of the *materies morbi* of contagious or zymotic diseases. This material may be introduced in water, which water finds its way into the milk in some mysterious way, which the vendors, simple folks, find it quite impossible to explain, or is carelessly left in the cans after rinsing. Of course, I do not mean to insinuate that in this good little city of Pottsville anything but the purest article is ever dispensed under this name, save by the merest accident; but larger towns are not so fortunate. It has been estimated that the confiding citizens of New York pay annually four million dollars for what they, in their innocence, imagine to be milk, but which is, in reality, a very inferior article of water. I say an *inferior* article of water, because, for reasons which can be imagined, this

water never comes from well known and publicly frequented sources. Barn yard wells, old neglected pumps, even roadside ditches have been known to supply it. At one time certain of the citizens of Wilmington, Delaware, were surprised and distressed to find a distinct odor of petroleum in their milk. No one could account for it, least of all the milkman, until it was discovered that his route to town was by the side of a ditch leading from a coal oil refinery. It is said, too, that a scientific gentleman of that town had his preconceived notions of natural history somewhat rudely shocked by the fact of his cook showing him a live tadpole swimming in the whitish fluid intended to modify his morning cup of Old Government Java. The moral of this is, that the danger of watering the milk consists principally in the foul character of the water generally used, which must generate disease. But milk is extremely susceptible to contagion floating in the atmosphere.

It cannot, therefore, be too strongly impressed upon farmers and dairymen that their dairies should never, under any circumstances, be contained in or contiguous to their dwelling houses; that no one should be allowed to milk or take any part in dairy work who is convalescent from fever or other infectious disease, until full six weeks have elapsed from the height of the disease; that all dairy utensils should be scalded out after using, and that only the purest spring water should be employed for this purpose. To the traditional scrupulous cleanliness of the old-time Pennsylvania housewife, is due the widespread fame of Philadelphia for the excellence of its dairy products, and it may be, too, in some measure, its comparatively low rate of mortality. Should we be so fortunate as to prevail upon our Legislature to create a State Board of Health, the condition of dairies and of the cars on which milk is transported over our railroads, should be one of their first objects of consideration.

Important as it is that our communities, especially the infantile portion of them, should be furnished with pure milk, this question dwindles into insignificance, when compared with that of a pure water supply. And in this connection, I desire to correct what I believe to be a very prevalent misconception, on the part of persons living in the country, physicians as well as laymen. They appear to consider clearness of water a proof of purity, and point with pride to the sparkling fluid which graces their tables, in contrast with the turbid beverage which those who depend on rivers are often compelled to drink. Now, although, as a mere matter of taste, we would all undoubtedly prefer to take our water "straight," yet the admixture of a little mud does not necessarily make it unwholesome, while, on the other hand, there is such a thing as a water that is too clear. The presence of carbonic acid adds to the refractive power of this liquid, and gives it a wonderful beauty and sparkle, most seductive to the eye, and yet it may be the result of the

decomposition of animal matter, and only an index of a lurking poison.

At a meeting of the Philadelphia County Medical Society, last winter, the question was asked, why is it that typhus fever is usually so fatal in the country and so tractable in the city? No one questioned the fact I had no hesitation in attributing the difference to the greater impurity of much of the water that is drank in the country. The sole consideration of the farmer in sinking his well is, as a rule, convenience. He does not pause to consider the position of his cess-pool, dung piles and house drains, the lay of the land, the dip of the geological strata, and then place it where he feels certain that no contamination from any of these sources can reach it, and the consequence of this disregard of a reasonable precaution is, that in more instances than any one imagines, such contamination does gradually find its way into it, and deadly disease is the result. People in the country, therefore, while the majority of them are blessed with a purer water than any one in such a city as Philadelphia can obtain, do yet not infrequently use a vastly more impure water than any one in Philadelphia is obliged to drink. During the past year two serious epidemics of typhoid fever have been traced directly to impure water in Great Britain, one at Lewes, on the northern coast, the other at over-Darwen, a town in the Lancashire uplands. In both of these cases it was shown that the water probably contained the excreta of typhoid patients. In a most instructive case, however, which recently occurred in this country, no such connection could be traced. I allude to the epidemic which prevailed, during the past winter, in St. Mary's Hall, a girl's school at Burlington, N. J. This case was carefully investigated by Dr. Le Conte, late Medical Inspector, U. S. A., and its origin in the drinking water developed beyond all manner of doubt. Coupling the facts of these interesting cases with the gross carelessness already referred to as existing in the country in regard to the relative position of cess-pools and wells, is it strange that typhoid should be emphatically a disease of the country and of small towns, and should often assume there its deadliest type? Such being the facts with regard to one ascertained mode of propagation of this most serious affection, what is the duty of the physician when called to a case of it? Is it simply to devote his energies to the treatment of the patient? I assert, unhesitatingly, that however assiduous and faithful his attentions, however great his skill, and however successful the result, should he confine his efforts to this alone, he is morally guilty of manslaughter, should the disease become fatally epidemic. His first duty should be, just so soon as he has a suspicion, even, of the probable nature of the disease, before leaving the house, to set on foot investigations as to its origin. And these investigations he should pursue untiringly, calling in the aid of experts, if himself unsuccessful, compelling the mem-

bers of the family to aid in the search, on the pain of losing his services, giving himself or them no rest until he has satisfied himself of either the absence or presence of a local source of pestilence, and, if the latter, has devised and instituted measures for its removal. Nothing short of this will relieve him of his responsibility, in the eyes of the hygienist.

#### WEST VIRGINIA STATE MEDICAL SOCIETY.

The Medical Society of the State of West Virginia convened at Point Pleasant, June 2d, 1875, and was called to order by Dr. M. Campbell, President.

Drs. C. R. Reed, T. Curtis Smith, and a number of other physicians from Ohio who were present, were, on motion of Dr. R. W. Hazlett, of Wheeling, invited to seats, and also to join in the discussions.

Dr. M. F. Hüllihen read a paper embracing cases of vesico-vaginal fistula, a remarkable case of ruptured uterus, encephaloid abdominal tumor, etc., together with a full history of the last illness and treatment of General James S. Wheat, prepared by Dr. John Frissell, of Wheeling.

The same speaker gave a report of a successful plastic operation which he had performed, for making a new under lip, which, together with a portion of the under jaw, had been carried away by a musket ball.

On motion of Dr. A. L. Knight, the courtesy was extended to Dr. C. R. Reed, of Middleport, Ohio, of permitting him to read a paper which he had prepared, on the Use of Forceps in Midwifery, in answer to Dr. Sullivan, of Cincinnati.

Dr. Wesley H. Sharp, of Volcano, presented a paper on the use of Forceps in Midwifery, which was read by Dr. Jepson, in answer to the paper of Dr. Frissell, read at Morgantown, at the last meeting, on the same subject. Referred for publication.

Dr. Robert W. Hazlett, of Wheeling, read a paper reporting a case of dermoid abdominal tumor; similarly referred.

Dr. J. O. Hupp, read a paper reporting a remarkable case of multilocular abdominal tumor, malignant in character, occurring in his own practice, which was similarly referred.

Dr. J. O. Wall, of Huntington, gave a verbal report of a case of abdominal dropsy, from which he has at different times drawn off in the aggregate eighty-four gallons of water. The request was extended, to prepare his experience in the case for publication.

Dr. S. L. Jepson, of Wheeling, offered resolutions looking toward the suppression of quackery within the State; also on the appointment of a Committee on State Medicine and Public Hygiene. Adopted.

*Officers Elected*—President, Dr. A. R. Barbee, Point Pleasant. First Vice President, Dr. J. O. Wall, Huntington. Second Vice President, Dr. S. G. Shaw, Point Pleasant. Third Vice President, Dr. B. F. Hoyt, Ravenswood.

Secretary, Dr. W. M. Dent, Newburg. Treasurer, Dr. J. C. Hupp, Wheeling.

*Censors*—Drs. Hildreth, Charter, Carpenter, Pipes, Hall, L. F. Campbell and Bond.

The next place of meeting is Wheeling. Time, first Wednesday of June, 1876, 2 o'clock, P.M.

#### IOWA STATE MEDICAL SOCIETY.

The twenty-third Annual Meeting of the Iowa State Medical Society convened at Des Moines, May 26, with an unusually large attendance of permanent members and delegates from County societies. A large delegation was also present from the Illinois State Medical Society.

Many valuable reports were presented by committees appointed for that purpose, and were discussed by the Society.

The financial condition of the Society is such as to enable the publishing committee to present a copy of Transactions this year.

Prof. W. T. Peck, of Davenport, was elected President, and S. B. Thrall, of Ottumwa, Secretary.

Pending the session:—

Dr. Lewis, of Albia, offered a resolution requesting the appointment of a committee to prepare a bill for the creation of a State Board of Health in Iowa. The resolution was referred to the Committee on Legislative enactments.

Dr. Robertson, of Muscatine, presented an interesting report on "Sporadic Cholera," which elicited an animated discussion.

Dr. Cowden, of Bellview, presented a thesis on "Puerperal Fever."

Dr. A. C. Simonton, of Mitchellville, presented a report on "Alcohol in Typhoid Fever." The essay took vigorous ground against such use, and presented the argument with spirit and force; this elicited the liveliest discussion of the session.

A communication from the Centennial Managers was presented, and Dr. McCullough offered a resolution directing the appointment of a committee to prepare and present to the Centennial meeting a history of the science of Medicine in Iowa.

Dr. Blanchard offered a resolution requesting the Medical Schools of the State to adopt a preparatory course of study for their students, equal to the requisites for admission to the State University; and also making the same request of physicians taking students to prepare for the practice of medicine.

Dr. Hinrichs, of Iowa City, offered a resolution reaffirming the action of the Society last year in reference to the establishment of an asylum or school for idiotic children. Adopted.

The subject, "Women as Physicians," reported upon by Dr. W. Watson, of Dubuque, elicited considerable discussion pro and con. Dr. Watson says that one failure, nor a series of failures, do not denote entire want of ability; neither does one success, nor a series of suc-

cesses, denote the absolute possession of it. Education includes all things necessary to make a perfectly developed person. The removal of all force from one centre to another is dangerous. Every organ and function is necessary, and when fully developed contribute grace and power. In order to make perfect women there must be less labor for girls when growing. Physiological obstacles exist against the education of the sexes in the same channels. Marriage is not optional, but a necessity with every woman. Celibacy is requisite for even a moderate degree of success. The activity and intensity of emotion possessed by women, while an attractive feature to their character, are obstacles to their success. They must meet men on the same field, and ask no favors.

Dr. Warne could not agree with the writer, and thought woman as capable of great physical labor as man.

Dr. Caldwell said young ladies in schools were equal, if they do not excel, their brothers; at the same age they have more attainments.

Dr. Cooper said in his school days those young ladies who took proper care of themselves were equal to the young men, and could not be surpassed by them; the difficulty is that they do not practice the laws of health.

Dr. Peak said, in his opinion, woman did not lack the education, but she could not perform domestic and social duties and practice medicine.

#### NEW JERSEY STATE MEDICAL ASSOCIATION.

The New Jersey State Medical Association met at Atlantic City May 25th. There were present about 250 members of the Association, and among them were many prominent physicians from New York and Philadelphia. Ex-Gov. Newell, and other well known gentlemen, were among the number. After the business meeting was over the members partook of an entertainment. Dr. G. H. Larison occupied the chair, and made appropriate remarks, and also Drs. Cullen and Snowden, of Camden. The following are the names of the officers of the Association:

President—G. H. Larison.

Vice Presidents—First, Wm. O'Gorman, of Newark. Second, John V. Schenk, of Camden. Third, G. R. Baldwin, of New Jersey.

Corresponding Secretary—Wm. Elmer, Jr., of Trenton.

Recording Secretary—Wm. Pierson, Jr., of Orange.

Treasurer—W. W. L. Phillips, of Trenton.

Standing Committee—Stephen Wicks, of Orange; S. C. Thornton, of Moorestown; Thos. Ryerson, of Newton.

A complete report of the proceedings and papers presented was promised us by one of the officers, but did not reach us.



## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Treatment of Webbed Fingers.

A case of this, treated by the elastic ligature, is given by Prof. Dittell, as translated in the *London Medical Times and Gazette*:—

The deformity was symmetrical on the two sides, and consisted in a complete union between the third and fourth digits, which were exactly equal in length. On the dorsal aspect the skin passed from one to the other without showing the trace of an intervening furrow, while the joints looked as if they were common to the two fingers. The nails were much curved on the outer sides, but at the contiguous parts they were smoothed off one against the other, so that the interval between them would admit, at most, a stout sheet of paper. On the palmar aspect the fingers had only one tip, without any appearance of division, and the folds opposite the joints were common to the two; but a shallow pink line passed from the base of the last phalanges to the natural position of the commissure, indicating the place where separation ought to have occurred. The joints were freely movable, and there was in addition a slight lateral mobility in the neighborhood of the middle articulations, but the terminal phalanges were united together by a broad piece of bone, which passed from base to base. The hands were altogether diminutive, and between the two there was only this difference, that in the right the nails were less closely pressed together, and the common terminal phalanx was somewhat broader than in the left.

He determined to make an attempt with the elastic ligature, of the efficiency of which he had already convinced himself. The first india-rubber thread was entered just above the last phalanx, and was tied over the tip of the united fingers, care being taken that it occupied an exactly intermediate position between them. At first no inflammatory disturbance resulted, but after a few days slight suppuration set in, accompanied by a little feverishness; and after eight days the phalanges, bones and all, were completely separated from one another, the resulting wound being only half the width of that which would have followed a cutting operation. During the process the ligature required tightening by placing a small roll of plaster under it, over the tips of the fingers. The remainder of the web was divided by one ligature, which, however, required frequent tightening. It was completed in five days, but during this period there was considerable inflammation of the parts, with a good deal of fever, and a small abscess formed on the fourth finger, which required opening. Afterwards the two fingers were separated, and fixed with plaster on a paste-

board splint, and cicatrization went on rapidly, while, to prevent the reformation of the web at the junction of the two fingers an elastic thread was attached to a band placed around the wrist and gently stretched between them. After a few weeks the fingers, though still somewhat deformed, had so far regained their natural appearance that the minute scars on the contiguous sides required a careful search for their discovery; but though the cleft was in its normal position on the palmar aspect, on the dorsal surface it was placed rather too far forward.

The operation on the right hand was almost an exact repetition of that described, but here no inflammation of importance was set up, which may be attributed partly to the fact that each pair of phalanges were divided separately in consecutive operations, and also that salicylic instead of carbolic acid was used as a dressing. By March of this year the fingers of this hand also might be described as completely normal, both in appearance and as regards their usefulness.

#### Treatment of Primary Diseases of the Heart.

Before the Harveian Society of London, lately, Dr. J. M. Fothergill read some notes of cases of these diseases. The line of treatment pursued in the cases was rest, at first, and the steady administration of digitalis and iron. The administration of digitalis might be continued for years uninterruptedly, without the production of those toxic symptoms which were supposed by older writers to indicate some cumulative action in this drug. As well as acting directly upon the heart in advanced cases with dropsical effusion, Dr. Fothergill spoke strongly in favor of the use of cathartics, to relieve the venous congestion. He gave a case where two scruples of compound jalap powder were given every alternate morning, till eight doses had been taken, with excellent effects. The depressing effect of free purgation is more than compensated by the relief afforded in these cases. Digitalis and iron were also given, and the catharsis was only supplementary to the direct treatment of the heart itself. To illustrate what might be attained by such direct treatment of the heart, Dr. Fothergill adduced a case of mitral regurgitation in a young man, in whom a murmur could no longer be heard, and the subjective symptoms of disease of the heart had also vanished. Here the vena of the mitral valve were injured, and when the left ventricle was dilated, the injured valves were no longer equal to closing the ostium on the ventricular systole. The reduction of the ventricle to its normal size had resulted in the valves being once more competent; and as long as the ventricle can be maintained in a normal and undi-



lated condition, the equivalent of a cure is attained. In mitral disease the use of digitalis is almost universally admitted, but there is less agreement as to its use in aortic disease. In Dr. Fothergill's opinion, its utility in aortic stenosis was obvious. In aortic regurgitation in the early stages, it was contra-indicated, and an agent of precisely opposite qualities, one that would lessen the force of the ventricular contraction, and at the same time increase the number of beats—should be adopted, if we possessed such an agent. In the latter stages, however, when the muscular walls were failing, and death threatened from cardiac syncope, then digitalis was useful as a palliative agent. Valvular disease of the right side of the heart, and especially tricuspid disease, was little amenable to treatment, because no muscular hypertrophy could be brought to bear on it. Dr. Fothergill summed up the treatment of primary diseases of the heart as follows:—1. It is of the utmost moment in these cases to reduce the demand upon the heart to a minimum. 2. Much relief may be afforded where dropsy is present, by unloading the congested venous system; and for this end cathartics are very serviceable. 3. The heart must be acted upon directly, by means of agents which increase the vigor of the ventricular contractions, of which digitalis is the chief. 4. To improve the general condition by the use of chalybeates and suitable food is also very desirable. Digitalis and iron may be continued for years, not only without any evil consequences, but with much advantage in many cases.

#### On Sounding for Stone.

The subjoined hints are given by Dr. Croly, in the *Irish Hospital Gazette*.

In sounding for stone there are several deceptions. If you introduce the instrument too far you may hit against the tuberosity of the ischium or the sacrum, and then you may say "here is a stone in the bladder," but at the opposite side you will hear the same sound. In sounding there is one manoeuvre very useful, namely, on withdrawing the instrument trying to catch the stone in the concavity.

An affection has been described by Guthrie (called "fluttering blows"), in which the bladder is thrown into a number of pouches, and its coats are somewhat thickened and contract on the instrument, so that a sound is heard which may be mistaken for that produced by a stone. If you have a difficulty in striking the stone, you should try the patient in various positions. The stone may be up behind the pubes. In one of the children on whom I operated here, the stone slipped up behind the pubes, and I only could get it out by giving him a slap over the region of the bladder, and then the stone fell down. In such a case, by introducing the finger into the rectum you may tilt up the stone and cause it to hit against the sound. But I believe, that in addition to sounding for the stone, it is very necessary to grasp the stone, if

possible, by the lithotrite, and measure it, to give you an idea of the size of the stone. If you can move it in various directions, you may have no hesitation in saying "here is a foreign body measuring so many lines;" and furthermore, if there is a second stone, you are able to hit it against the other. I remember when sounding a man, on one occasion, having a ring on my finger, the instrument hit against the ring and emitted a sound; I did not hear it again. At another time, in sounding a man who wore a pair of corduroy breeches with buttons, I heard a click, but discovered that striking a button with the instrument had caused it. I have made it a habit since to make a man let down his trowsers altogether, and I take off my ring. If the surgeon is too confident he might cut a man who had no stone. The first point to ascertain is, whether there is stone in the bladder or not, and if it exists, to satisfy yourself, as far as you can, as to its size.

#### The Nature of Enchondroma.

Dr. R. McDownell, in a clinical lecture, published in the *Irish Hospital Gazette*, says:—

One of the things that makes this subject perplexing to students, is the immense number of names that have been given, so that you hardly know where to look for an account of it. All these different names are given:—Cartilaginous tumor, enchondroma, chondroid tumor, spina ventosa, osteo-sarcoma, osteosteoma, and cartilaginous exostosis.

The disease is one which does not make very rapid progress. It has been growing in this girl ten years, and in all probability is, in fact, a congenital complaint. Most likely there were some small nodules or masses, not bigger than a mustard seed or millet seed, remaining from the time the foetal cartilage of bone was undergoing development into true bone, and that this, instead of passing into true bone, became really the little spots which were ultimately to take on an abnormal development into cartilage. I am confirmed as to this opinion by finding small nodules in several parts; for instance, I find this piece filled with cartilage cells mixed with bone cells; and looking through it you can see that there are two pieces of the structure unlike the rest, which are filled with cartilage cells. It is then extremely likely that from a very early period, if not from the period of foetal growth, there were spots there which have been developed into this cartilage. It is a disease of slow growth, a complaint which is usually painless; it causes inconvenience only by its unsightliness, and by its rendering the fingers and hands perfectly useless. It has no tendency whatever, ordinarily speaking, to effect the lymphatic glands. It does not, therefore, belong to the category of malignant disease which affects the lymphatic glands. When left to itself it may attain an enormous size; sometimes the size of a cocoa nut or child's head. At last it sometimes breaks, and the inside of the tumor softens down and under-

goes a kind of disintegration. A specimen here of another case of enchondroma exhibits a large cavity where it had softened and broken down. Another remarkable feature connected with this disease is, that the tumors are translucent: when you look through one, even with the blood circulating, during life, it is translucent.

#### A Case of Lead Poisoning.

At the Clinical Society of London, lately, Dr. Downes read notes of an unusual case of lead-poisoning. The patient, a house-painter, twenty-six years of age, had frequently suffered from colic, but beyond that had robust health. About a month before he was seized with colic, followed by palsy of the forearm extensors, and of the lower extremities, and when first seen he had the characters of general paralysis of the insane. His eyes were dull, intellect obscure, and he could not lift the feet from the ground. There was albuminuria, and a marked blue line on the gums. The next day he was drowsy; there was subsultus tendinum; temperature  $102^{\circ}$  to  $103^{\circ}$ ; pulse 100. Then followed bilateral facial spasms, trismus, frequent spasmodic jerkings of the upper limbs, the flexors of which were firm and rigid, while the lower limbs were rigidly extended. There was free action of the skin and suppression of urine. The tetanic convulsions continued at intervals, he became cyanosed, and rapidly sank, the temperature rising in the last twelve hours of life from  $106^{\circ}$  to  $110^{\circ}$ , the urine being wholly suppressed. At the autopsy, the sinuses of the dura mater were full of blood, and an adherent ante-mortem clot occupied the straight sinus. There was a recent clot on the pia mater, over the occipital lobes; much engorgement of cerebral vessels, and extravasation beneath the velum interpositum. A small cavity occurred in the neighborhood of the left corpus striatum. The kidneys were engorged, but smooth on surface. The brain and cord were examined microscopically by Mr. Kesteven, and showed extreme congestion, with well marked perivascular spaces. Colloid bodies, gray degeneration, and military sclerosis, were met with in increasing frequency from below upward, being especially abundant in the medulla, in the region of the hypoglossal nucleus. Chemical analysis showed about  $\frac{1}{17}$  of a grain of lead to one ounce of brain substance; a somewhat smaller proportion in the cord. Lead was also found in the extensor muscles of the forearm.

#### The Use of Phosphorus.

Mr. Thompson, as given in the London *Medical Record*, concludes, from a number of experiments and observations:—

1. That solutions of phosphorus in virgin vegetable oils are not safe, and should, therefore, be entirely rejected.

2. That the solid form is not a perfectly safe mode of administering phosphorus; it may,

however, be employed, but should never be presented to the empty stomach.

3. That the administration of zinc phosphide should be attended by the use of an acid at the same time.

The dose of phosphorus seems to vary considerably with the formula employed. The toxic effects of the drug, such as burning pain in the epigastrium, hepatic pain, tenderness of the gums, nervous symptoms, etc., are all fully described, and should be carefully noticed before attempting to prescribe phosphorus. A large experience of the action of the drug in many and various conditions has enabled the author to point out exactly the earliest symptoms necessitating its discontinuance. "Apart from any specific power which it may possess, phosphorus may subserve two distinct ends, at least, according to the manner in which it is administered. It may stimulate, and it may nourish." This seems to be an entirely original observation, and one for which he distinctly claims priority.

In cases of typhus, where there is muttering delirium or incipient coma, the stimulating effects of phosphorus, when given in sufficiently large doses, are very marked. Mr. Thompson asserts that it should be given in such cases, not by rule, but until the patient either recovers or dies, persons in want of phosphorus being able to take far more with impunity, than those not in want of it.

Of the therapeutic uses of phosphorus, the author gives us not merely opinions, but has illustrated his remarks by a series of carefully recorded cases that will well repay perusal. He alleges that he has established, by a series of forty-one consecutive cases, what has been known of isolated cases since the time of Lobel, 1805, viz., that phosphorus is curative of some forms of neuralgia (briefly, the ataxic and catarrhal acute). It is in these distressing and troublesome cases, where frequently other remedies have failed, that phosphorus seems to exert such a marked influence, and no one will now be justified in condemning a case as incurable until he has studied this monograph and tried the remedy in the manner suggested.

#### NOTES ON CURRENT MEDICAL LITERATURE.

—We would call the attention of our readers to the fact that William D. Allen, 121 south Seventh street, Philadelphia (Bookseller), will sell a complete set, ten large volumes, *Chambers' Encyclopedia*, the very latest and best edition, fully revised to 1875, containing 4000 illustrations, full-page engravings and colored maps, bound in the very best English cloth, for \$27. The regular price is \$50. He warrants the same perfect in all respects. Orders should be sent direct to him at once to secure a set of this great standard work at this extraordinary low price.

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D. G. BRINTON, M.D., EDITOR.

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**RECENT NOTES ON CLIMATES FOR CONSUMPTIVES.**

As at present the practical treatment of phthisis has simmered down to cod-liver oil, and change of climate (whatever other palliatives, placebos, and experimental medication are thrown in), the reports of visitors to the various health resorts of repute in the disease merit careful reading.

DR. SCRIVENER, in a recent note to the *Medical Times and Gazette*, of London, again calls attention to the excellent climate of the Bolivian Andes. In 1869, when he first published his observations, the REPORTER gave a full abstract of them. He now writes:

"I have traversed those mountains on many occasions, and am, therefore, able to form an opinion on the salubrity of the climate; as also of that on the route from the province of Cordova to the borders of the Pacific. All over that vast tract of land, that fatal enemy of mankind—the tubercular phthisis—so justly feared by the inhabitants of Lima, and Buenos Ayres, is entirely unknown.

During a residence of nearly ten years in

different and widely spread districts of the whole country, I never saw, or heard, either directly or indirectly, in my intercourse with others, of the existence of the disease. In the mountains of Cordova, as on the Andine heights of Bolivia, the patient will find his disease alleviated, and in time removed—let him come from what quarter of the globe he may—by the hand of Nature. There pulmonary complaints are not known to originate; and there those who suffer from them on the borders of Parana and the River Platte, seek and find a permanent cure for their ailments, proceeding from all affections of the lungs. This fact has been known and acted upon from time immemorial, by the inhabitants and physicians of Lima, and those on the coast of the Pacific."

This is a most encouraging statement, and it is to be hoped that conveniences of access, and comfortable hotels will, ere long, be established to such a desirable climate. The great drawback now is, the lack of these; although many much frequented resorts are also very far short of what they should be in this respect.

An English physician sent a patient, this past winter, to Davos-am-Platz, the celebrated sanitarium in the Tyrol. The patient's friend, who accompanied him, writes:

"If a visitor wishes a good room, he must write for it in the preceding spring; otherwise he is certain to be placed in some hole or other with a northerly aspect. I have seen invalids come up in November obliged to live in places where you would not like to see a servant put up." "It has been a miserable winter at Davos, very little sunshine and much south wind—a regular 'fever wind,' and the great enemy of Davos invalids." After describing the good effects received from the place in the early part of his winter stay, he goes on to speak of the continued bad weather, confinement to the house, and, above all, bad food, as bringing on indigestion and a feverish attack; and he speaks of fever and sore throat as having been rife at Davos, owing to the south wind. He says, "the food is altogether unsuited for the English invalid; it is all very well for Germans and Englishmen with sound digestions, but the invalid requires something more nourishing and better cooked; therefore, the only thing persons with delicate stomachs can do, if they

want to go, is to take their own servants and hire apartments." He observes that "for invalids in the earliest stages, or threatened only with phthisis, Davos is evidently a splendid place for bracing, provided the food is good enough."

This is not a pleasant report of a locality so highly lauded by Niemeyer and the Germans generally.

At the recent meeting of provincial scientific delegates at the Sorbonne, M. De Pietra Santa stated the results of the inquiry which had been instituted by the Algerian Climatological Society, relative to the influence of the Algerian climate on phthisis. This climate is an excellent one for combating predispositions to the disease, whether hereditary or acquired, as also for arresting the progress of the disease during its first stage. But when the disease is more advanced, and organic disorganization is in progress, the climate becomes not only hurtful but fatal.

In the March number of the *Deutsches Archiv für Klinische Medizin* is an excellent description of the climate of Costa Rica, by Dr. SCHWALBE, from which we should judge the Costa Rican plateau will become a favorite resort in time. All forms of diseases of the respiratory organs (omitting whooping cough) give only 2 per cent. of the mortality, while in Switzerland they give 18 per cent. and in the Atlantic States of our Union about 20 per cent. Out of 2689 deaths, the total mortality of Costa Rica in 1867, only 16 were from phthisis. This is so very favorable that we suggest to our readers to bring that country, which is comparatively easy of access, to the notice of their phthisical patients who are still well enough to travel with probable benefit.

## NOTES AND COMMENTS.

### The Treatment of Fever.

In the *Dublin Medical Journal*, Dr. Jones states the following conclusions:—

1. That in the treatment of fever, typhus and other forms, too much reliance has been placed on *alcoholic* stimulants, and that fashion, rather

than reason, has swayed many in their *indiscriminate* employment.

2. That the per centage of cases requiring such stimulants is a low one; and that while our administration of them, as regards quantity and kind, must depend entirely on the condition of the patient, still the utmost caution (with our present knowledge of their physiological action) is required.

3. That in digitalis we have a powerful cardiac stimulant, which, while it gives force to the heart, does not do so at the expense of the system, but rather is a conservative agent, which controls expenditure, and limits waste of vital action—always, of course, remembering that a large number of cases will recover, without any specific treatment, save that care and guidance which provides for the wants of the system, and secures the patient from the risks of complications. That digitalis appears to be indicated in the early periods of many cases of typhus in which we have a rapid pulse and high temperature range, regulating our administration by its effects on both, using it, rather, with the object of guiding the patient up to a certain point, than of curing the disease.

### Clergyman's Sore Throat.

This is a form of chronic catarrhal laryngitis, a most annoying complaint. Some advice as to its treatment has been given by Dr. Isambert of Paris.

The patient must repose, avoid all speech, and absolutely leave off tobacco, under all forms, or alcoholic fluids. Warm climates act admirably on this complaint. As to local treatment, emollient and astringent gargles have been recommended; but it must be noted that gargles never penetrate into the larynx; they may, however, render some service by modifying the inflammation of the neighboring parts, and thus facilitate the resolution of the laryngitis itself. The employment of pulverized liquids has sometimes serious inconveniences. All these pulverizers which have come into fashion and which the patient himself uses, are useless toys, and perhaps they are dangerous. When we wish to apply a topical remedy to the larynx, we must do so directly, and as much as possible on the point diseased. This cannot take place with pulverizers, which throw the liquid not only into the larynx, but over all the neighboring parts.

Direct local treatment, again, has very great



advantages, and it consists in bringing different topical remedies to the diseased parts by means of a sponge. We employ the nitrate of silver, the sulphate of copper, and the chloride of zinc. The nitrate of silver is the most used; and the solution of chloride of zinc, in the proportion of one-hundredth or one-fiftieth, gives excellent results. The chloride of zinc has no action except on ulcerated or eroded parts, and leaves quite intact those still covered by epithelium. This is a fact easily seen when the neck of the uterus is cauterized with that solution. This remedy has no color, and leaves no stain on the linen or fingers, or white eschars, like nitrate of silver.

#### The Treatment of Diarrhoea.

In a paper in Virchow's *Archiv*, vol. lxi, Dr. Hartzen observes that diarrhoea of all sorts goes along with an irritable state of the intestinal canal, and any increase of this irritability is to be carefully avoided. He considers that the more usual astringents are, in addition, irritants; and he instances among them the salts of lead, zinc, and bismuth. In all cases, soothing means should first be adopted; and of these, warm applications to the abdomen, in the form of bread poultices, or fomentations, are perhaps the best. The chief medicine recommended is opium, which soothes, but, in large doses, interferes with digestion. If the diarrhoea be so violent as to hinder the absorption of opium introduced into the stomach, then morphia should be injected subcutaneously. Of equal importance is the diet. If the person be strong, everything, both solid and fluid, should be withheld; but, where this cannot be done, the food should be of the lightest and simplest. The author specially refers to rice and arrowroot as simple vegetable diets, while any animal food given should be free from fat. Milk should not be too much used, and in any case should be boiled.

#### Smoking Rooms in Boarding Schools.

We have recently been surprised to learn that in two well patronized and highly praised boys' boarding schools, near this city, *smoking rooms* are kept for such of the boys as have permission from their parents to smoke! We are further informed that these were not singular in that respect, as many other schools also have them. The pupils are from nine to eighteen years of age. Surely, if parents are so grossly ignorant or criminally negligent of the laws of

health, professed guides of youth ought to know better, and discourage by every possible means the use of tobacco in growing boys. It may be a question whether it is harmful to a man, but there is none whatever that it is seriously injurious to boys.

#### The Value of Healthy Dwellings.

In a paper recently read before the Statistical Society of London, "On Improved Dwellings and their Beneficial Effect upon Health and Morals," it was stated that the average annual rate of mortality during the eight years ending 1874, in the improved dwellings erected by the Metropolitan Association for Improving the Dwellings of the Industrial Classes, did not exceed 14 per 1000, whereas the average rate in the whole of London during that period was 24 per 1000.

#### Chill after Delivery.

The occurrence of a chill immediately after delivery is a familiar phenomenon. An explanation of it has been offered by Dr. Pfannkuch. According to him, the temperature of the foetus in utero is at least 9° higher than that of the mother. It follows from this that every pregnant woman has a second centre of warmth in the uterus, but her temperature is not thereby increased; she must, therefore, produce less warmth than when not pregnant. When the child is born this heat-producing centre is removed, and there is a disproportion between the heat produced and that given off. The effort to restore the equilibrium is what causes the rigor. The intestines are very susceptible to heat and cold, and it is from their neighborhood that the heat-centre is removed. Moreover, the uterus having sunk downward, the intestines are allowed to touch the abdominal wall, which is also very much thinned, and thus more heat is lost. If a child dies during pregnancy, the mother is often subject to rigors, and complains of a feeling of coldness in the abdomen.

#### New Diagnostic Implements.

The armamentarium of a physician threatens to become quite as extensive as that of a surgeon. Of late additions we read of the *pneumatograph*, used to describe graphically the process of respiration; of the *cyrtometer*, for delineating the contour of the thorax, pelvis, etc., and transferring their outline to paper; and the

*sphygmometer*, for measuring arterial tension. The instrument registers the pressure required to close the radial or other artery, and enables daily comparisons to be made. With the *pneumoscope* are produced artificially all the abnormal murmurs proceeding from the respiratory organs in a state of disease; with the *dynamoscope* may be determined the scale of all the sounds which are made at the digital extremities by the continuous movement of the tissues; while the *bioscope* registers with precision the heat, the electricity, and the functional activity of the skin.

#### The Therapeutic Action of Ipecacuanha.

M. C. A. Polichronie has recently published a work on the above subject. The following are his conclusions:—1. Emetine is the true active principle of ipecacuanha. 2. In dysentery, as in diarrhoea, ipecacuanha, administered as an enema, produces the same effects as when it is given by the mouth. 3. Ipecacuanha, as an enema, is one of the best treatments which can be employed in infantile cholera. 4. In the diarrhoea and sweating of phthisis, enemata of ipecacuanha give the best results.

#### Club-foot.

Mr. Chienne, in the *Edinburgh Medical Journal*, alludes to the methods generally in use for attaching the foot to the foot-piece of the boot—1. By lacing it into a boot attached to the foot-piece. 2. By fixing it to the foot-piece by a broad strap passing over the instep. As he has found both of these plans inefficient in aggravated cases of talipes equinus, he recommends a plan which is more efficient, and which is not noticed in any of the text-books on surgery, namely, to apply a broad strap of strong sticking-plaster on either side of the limb, from the knee to the ankle, with tapes attached, which are passed through slits at the sides of the heel-piece, and then tied, drawing the heel firmly down to the foot-piece. This is an adaptation to the treatment of club-foot of the method by which the extension apparatus is attached to the limb in the treatment of fractures.

#### The Diagnosis of the "Lead-line."

In chronic lead-poisoning a blue line appears on the gums. But this may be simulated by other substances deposited there. Dr. Gras recommends that when we are in doubt whether

a given blue-line on the gum be due to lead or not, we should excise a fragment of the gum containing the line, with a fine sharp scalpel or the point of a lancet, wash it with a camel's hair pencil, and add a drop of glycerine; if necessary, flatten it out with needles, and examine it under the microscope with a low power. If the line be due to lead, in the midst of the normal tissues of the gum we shall find capillaries injected, filled and obstructed by blackish granules. These capillaries are in loops, or semicircular, or like double hooks, the outlines varying somewhat according to the section. In very old lead-lines the capillary walls are less evident, and their outlines somewhat indistinct. If a piece of buccal mucous membrane be excised, we should use carmine with glycerine, and a little dilute acetic acid, which shows the mucous papillæ, and the capillary network. He suggests that in fatal lead-colic, the intestinal capillaries and the nerves of the solar plexus should be examined in the same way for lead. It has long since been proposed to examine the lead-line by a simple microscope, or in other words, a one or two inch biconvex lens; when, if in the capillaries, as the true lead-line is, it will be seen clearly to be dotted, and to follow the course of the vessels.

#### Carriers of Contagion.

Of little noted carriers of contagion attention has recently been called to the laundry and the clothes basket. Books from circulating libraries can, no doubt, convey infection. And one instance came to our knowledge where small-pox was unquestionably communicated at a hundred and fifty miles distant by a letter. The recognition of such dangers is not idle.

#### Oxygen as an Antidote for Phosphorus.

MM. Thiernesse and Casse have brought before the Royal Academy of Medicine of Brussels an important series of experiments tending to show that oxygen introduced into the veins will counteract the poisonous effects of phosphorus. M. Casse contrived a simple apparatus for injecting the gas into the veins in definite quantities. The minimum fatal dose of phosphorus is generally reckoned at one centigramme for each kilogramme of the animal's weight, but in some of their experiments they administered double this dose, and yet saved the animals.

**Egg Drink.**

This palatable and agreeable drink was introduced by Dr. Halahan. It is made thus:—"Egg-drink, for relieving sickness of stomach. Beat up one egg very well, say for twenty minutes, then add fresh milk, one pint; water, one pint; sugar, to make it palatable; boil and let it cool; drink when cold. If it becomes curds and whey it is useless."

**Phosphorus in Impotence.**

Mr. Thompson, of London, in an article on phosphorus, asserts that it is not an aphrodisiac, except in poisonous doses. Its true function is the removal of the hyper-sensibility, which is a general cause of the disorder, by elevating the nerve-tone.

**CORRESPONDENCE****Belladonna in Opium Poisoning.**

ED. MED. AND SURG. REPORTER:—

On the 6th of May, 1875, at six o'clock, A. M., I was called to see a child, aged three months, that was in an alarming state of narcotism, brought on by a mixture having been given, which had been put up and ordered to be given by a miserable quack, for marasmus with flatulency. The mixture consisted of about three-fourths laudanum, of which the dose ordered was thirty drops every two hours. The mother had given fifteen drops at eight o'clock on the previous evening, and twenty-five more three hours later, and the result was the following: I found the child comatose, with pupils very much contracted, extremities cold; breathing slow and irregular, with convulsions coming on at intervals of fifteen or twenty minutes; the tongue falling back over the glottis when the child was lying on the back; inability to swallow; every effort of which brought on a livid hue of the face, with convulsions, in fact, every moment death appeared imminent. On account of the great difficulty in swallowing, I did not attempt to give an emetic, nor did I think it would benefit the child, as the length of time (seven hours) from receiving the last dose of the mixture, till I was called, was sufficient for it to be completely absorbed into the circulation. I, therefore, used external remedies at first, such as the warm bath, cold douche, flagellation, the galvanic battery, but all to no purpose apparently, until, after working some time, I concluded to try belladonna by enema. I dissolved gr. j. of the extract in water, and gave one-half in a small quantity of warm water by the rectum. Almost immediately, the convulsions ceased, and in less than half an hour the pupils began to dilate, and a peculiar erythematous eruption, characteristic of the effects of belladonna, made its appearance on the face,

breast, and upper extremities. About two hours after, the child had a fecal evacuation, roused up and cried lustily, took the breast freely, and made a good recovery.

A. M. MILLER, M. D.

*Bird in Hand, Lancaster Co., Pa.*

**Treatment of Gonorrhœa.**

ED. MED. AND SURG. REPORTER:—

The following treatment of gonorrhœa is founded on the assumed parasitic origin of the disease, and in this case also the assumed paraciticid properties of the remedy. It has been uniformly successful in my practice, as also, I believe, in that of Dr. H. A. Davis, of the neighboring town of Harrisburg, from whom my knowledge of it was obtained.

The treatment consists in the application of the mild chloride of mercury to the diseased mucous membrane. I prescribe the following:—

R. Hydrarg. chlor. mit., ʒj.  
Mucil. acaciæ,  
Aquæ puræ., aa. ʒij. M.

Sig.—Shake well and inject a syringeful two or three times daily, being careful to secure a thorough application of the medicine by gently but firmly rubbing the inferior aspect of the penis from before backward, before allowing the mixture to escape from the urethra.

In uncomplicated cases of this disease any additional treatment will, I believe, seldom be required.

The application of this remedy produces little, if any, pain, no inflammation, and if judiciously used, as to time, will rarely fail to effect a speedy and permanent cure.

I hope other physicians will accord the remedy a fair trial, and give their experience to the profession through the REPORTER.

N. L. LEE, M. D.

*Junction City, Gr., June 12th, 1875.*

**NEWS AND MISCELLANY.****The Canada Anatomical Act.**

The Canadian act for providing bodies for dissection enacts that the bodies of all persons found publicly exposed, or who immediately before death had been supported in and by any public institution receiving aid from the Provincial Government, shall be delivered to persons qualified to act as teachers of anatomy, unless claimed by *bona-fide* friends or relatives within the usual period for interment, or unless the person before dying objects. The Toronto and Kingston schools of medicine are, as a rule, sufficiently supplied from the different public institutions there. A difficulty at Montreal is owing to the large proportion of the Roman Catholic element in the population and the strong objection that both laity and clergy have to bodies being used for this purpose. As most

of the public institutions in the Province of Quebec are under Catholic control, the managers naturally use all their influence to prevent the bodies of persons dying in them being used for anatomical purposes, and hence arises the scarcity of subjects in the Montreal medical schools, which have to look elsewhere for the needful supply, and to purchase whatever bodies they can, without being too curious as to how they are obtained.

#### The Allegany County Medical Society, of New York,

Held its Anniversary Meeting at Wellsville, June 16th. The following officers were elected: For President, Dr. H. P. Saunders, of Alfred Centre; Vice President, Dr. J. H. Saunders, of Belfast; Secretary and Treasurer, Dr. F. J. Baker, of Andover; Censors, Dr. A. E. Willard (chairman), Cuba; Dr. R. Y. Charles, Rushford; Dr. H. H. Nye, Wellsville; Dr. J. L. Cutler, Bolivar; Dr. W. W. Crandall, Andover.

This society holds its meetings quarterly, and they are usually well attended. It is expected to have two papers, and two reports of cases at each meeting.

#### The International Medical Congress.

As we have before stated, this Congress will take place at Brussels, September 19, next. It will be exclusively scientific, and will last one month. Members of the medical profession, both national and foreign, will be admitted, on sending their request to the Committee. None but these will be allowed to take share in the discussions. No fee is demanded; but a sum of fifteen francs must be paid, for which a copy of the Transactions of the Congress will be given. The programme consists of eight Sections—Medicine, Surgery, Midwifery, Biology, Hygiene, Ophthalmology, Otology, and Pharmacology. Each section comprises one or more questions, with the appointment of a reporter. These questions we have already laid before our readers.

#### The Yellow Fever.

A private letter from Rio Janeiro, dated May 23, reports that the yellow fever was raging there, the deaths ranging from 15 to 20 per day. During the first half of March, 192 deaths from the disease were reported. It was at Rio that the disease was contracted by the men of the U. S. steamers Lancaster and Brooklyn. On the Lancaster, Drs. Denbigh and Fassig and Lieutenant Bolles died, but no new cases occurred after they reached Bahia. She will probably arrive at Norfolk, Va., about the middle of July. The Brooklyn lost two sailors in April by the fever.

—One case of yellow fever was reported at the Philadelphia Lazaretto in June.

#### The English Contagious Diseases Act.

We are rejoiced to note that the British House of Commons, on June 23, at the close of an animated debate, rejected the bill to repeal the contagious diseases act, by a vote of 308 to 126. The Government opposed the bill on the ground that the act it sought to repeal afforded great protection to the army and navy.

Once more science and philanthropy has overcome bigotry and intolerance.

#### Items.

—Small-pox is very rife and malignant in some parts of Ireland.

—The California Chinese cure toothache by applying a coal of fire to the foot.

—The cholera is extending in India.

—Yellow fever is reported at Key West.

#### Personal.

—The Emperor of Brazil has sent to Professor Virchow, of Berlin, a very interesting collection of skeletons and skulls, including some found in old caverns in Brazil.

—The decease is mentioned of Professor Andrew Inglis, of Aberdeen, in the thirty-eighth year of his age.

—Dr. B. W. Richardson, F. R. S., has been elected President of the Health Department of the Social Science Congress, to be held at Brighton, England, in October.

—Dr. Robert E. Peterson, lately of this city, has been elected "Fellow of the Linnean Society of London."

—Dr. Barton, of Baltimore, died suddenly of sunstroke, the last week in June.

#### MARRIAGES.

CAMPBELL—CRIMM.—On February 22d, by the Rev. J. K. McKallip, of Uhrichsville, Ohio, James Campbell, M. D., and Miss Maggie, daughter of A. Crimm, of Dennison, Ohio.

CHASE—McELWAIN.—By Rev. A. McElwain, on the 15th instant, in Hestonville Presbyterian Church, Abner F. Chase, M. D., and Miss Anna M., daughter of the officiating clergyman, all of Philadelphia.

GIBBERSON—THOMAS.—On the 29th of April, by the Rev. A. A. Willits, D.D., Dr. Nelson S. Giberson and Rebecca B. Thomas.

HUNTER—HENRY.—On Wednesday, June 16th, 1875, by the Rev. Richard Newton, D.D., Samuel W. Hunter, M. D., and Sarah Jane, only daughter of the late William Henry, M. D.

HEDGES—FRONEFIELD.—On the 17th ult., by the Rev. James Y. Mitchell, Mr. Levi Hedges, Jr., of Long Island, N. Y., and Kate M., daughter of the late Charles Fronefield, M.D., of this city.

VAN BUSKIRK—BROWN.—On the 17th instant, by Rev. R. Baum, Dr. D. Van Buskirk and Miss Josephine F. Brown.

#### DEATHS.

MANSFIELD.—On the 21st ult., in this city, Richard S. Mansfield, M.D., aged 54 years.

ROHRER.—On the 15th instant, Dr. Benjamin Rohrer, aged 50 years.